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INFO RUEHOO/CHINA POSTS COLLECTIVE
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RUEHGV/USMISSION GENEVA 1052
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UNCLAS SECTION 01 OF 02 HONG KONG 001231

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STATE FOR EAP/ANP AND INR/EAP
STATE FOR EAP/EX, EAP/BCLTV, EAP/EP TWANG, EAP/CM KBENNETT,
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STATE FOR G VTUREKIAN
STATE FOR M/MED AND M/MEDEX PETER WOOD
STATE FOR OES ANTHONY ROCK, OES/STC MGOLDBERG, OES/IRA
DSINGER AND RDALEY
HHS FOR OGRA - STEIGER, ELVANDER, BHAT BANGKOK FOR RMO, CDC
USDA FOR DU/US - LAMBERT
BEIJING FOR DSELIGSOHN, CSHAPIRO

E.O. 12958: NA

TAGS: [ECON](#) [TBIO](#) [SENV](#) [EAGR](#) [AMED](#) [KFLU](#) [HK](#) [CH](#)
SUBJECT: AI: AVIATION EXERCISE IN HONG KONG

¶1. (U) Summary: The Hong Kong Department of Health (DOH), the Civil Aviation Department (CAD), and the Airport Authority (AA) jointly organized a Seminar on Avian Influenza Preparedness for the Aviation Sector on March 16, ¶2006. Topics discussed included aviation preparedness, health screening of travelers and the epidemiology of avian influenza (AI). The following morning, an exercise named "Laurentian Spring" was staged at the airport to demonstrate the Hong Kong Airport Authority's current working plan for responding to a report of a passenger with AI symptoms. End Summary.

¶2. (U) Conoffs attended a Hong Kong Government (HKG) hosted seminar on aviation preparedness for a possible AI outbreak. Presenters included Dr. Anthony D.B. Evans, Chief of the Aviation Medicine Section of the International Civil Aviation Organization (ICAO); Dr. Henry Kong, Chief Port Health Officer of the HKG; and Dr. Edwin Tsui, Senior Medical and Health Officer, Surveillance Section, Centre for Health Protection of the HKG's Department of Health. U.S. Department of Homeland Security (DHS) representatives Jim Hawkins, David McAdam, Ted Wentz and Center for Disease Control (CDC) representative Dr. Michael Doney also attended.

Seminar Presentations

¶3. (U) Dr. Evans briefly described the current threat posed by H5N1, including information on bird infections world-wide spread by migrating wild birds. He reiterated that while human infections continue to occur, there have been no proven cases of efficient human-to-human transmission. Dr. Evans discussed the importance of recommended precautionary measures such as hand washing, use of protective wear, and proper disposal of contaminated materials and also talked about the WHO phases of AI pandemic progression. Evans then discussed the efficacy of screening and travel restrictions and ICAO actions to counter a possible AI pandemic. ICAO has proposed AI pandemic guidelines on creating links and networks, recommendations on screening, and detailed advice on implementation.

14. (U) Dr. Henry Tong outlined key features of the International Health Regulations published in 2005, which required "core capacity to implement surveillance, notification, investigation, control and prevention at the community and national levels as well as points of entry." Underscoring Hong Kong's experience in dealing with communicable disease emergencies, Dr. Tong shared information from the 2003 SARS outbreak including duration characteristics, frequency of symptoms, infection linkages, and how cases were identified and referred for care. Interestingly, of the 125 patients referred for SARS-related hospitalization, 72 (57% of the patients) were identified through the health declaration forms travelers were required to complete upon entering Hong Kong. The remaining 53 were detected through temperature screening. According to Dr. Tong, the key lesson learned from the SARS outbreak was the need for close cooperation among government departments, the health care sector and the community.

15. (U) Dr. Edwin Tsui outlined the epidemiological aspects of H5N1 including age and sex distribution, disease characteristics such as incubation period, symptoms and survivability of the virus in the open environment. He described the various surveillance mechanisms in place in Hong Kong as well as investigation and control measures to deal with reported infections. Tsui also reviewed the world-wide H5N1 human infection totals and distribution and the current status of suspected human cases in Hong Kong, all of which had proven negative for H5N1.

Laurentian Spring

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16. (U) The following morning, an exercise named "Laurentian Spring" was staged at the airport. The exercise demonstrated the Hong Kong Airport Authority's current working plan for responding to a report of a passenger with symptoms of Avian Influenza (AI) on a Cathay Pacific flight. Exercise observers included representatives from the Hong Kong Department of Health, the Hong Kong Port Health, the Hong Kong Hospital Authority, Hong Kong Disneyland and various international airlines. Radio Television Hong Kong (RTHK) filmed the entire exercise.

17. (U) In the exercise scenario, a passenger suffering symptoms of AI was a member of a tour group seated in business class. The flight crew reported the case to Cathay Flight Operations, who then relayed the message to Hong Kong Port Health. Hong Kong Port Health then convened the Public Health Emergencies Incident Group (PHIAG), comprised of Hong Kong Port Health, Hong Kong Police, the Hong Kong Hospital Authority and the Airport Authority Mobile Command Unit.

18. (U) During the exercise, Hong Kong Airport Authority and Cathay Pacific had a plane parked on an emergency runway. Using live camera transmission, observers were able to watch and hear the flight crew report the case. Hong Kong Port Health then sent two medics in full protection (mask, clothing protection, eye protection and gloves) to remove the symptomatic passenger from the flight and assist him in boarding an ambulance. Following his removal, the flight crew passed out masks and health report forms to all other passengers on board. After labeling the passengers based on their physical proximity to the case, the remaining passengers disembarked the plane and were filed into four different buses (based on their label color) to be screened in the terminal area. In the screening areas, the passengers' temperatures were taken and their contact information confirmed. At the conclusion of the exercise, the Hong Kong Airport Authority also simulated a press conference, which would occur concurrently with the quarantining process.

19. (U) Overall, the exercise demonstrated the Hong Kong

Airport Authority's ability to develop a strategy for dealing with reports of AI on flights. In conversations with observers, several key questions arose. First, procedures for masking and containment seemed irregular, as the symptomatic passenger and flight crew were never masked while all others were. Additionally, no one on board disinfected their hands. CDC representative Dr. Doney said that the U.S. would plan to quarantine all passengers without any division because it is difficult to ascertain with whom the symptomatic passenger may have come into contact during or prior to the flight. A United Airlines manager questioned the ability of flight crews to control passengers should they be kept on the plane for a lengthy period following landing. A Hong Kong Port Health official noted that this exercise was a first, and that further exercises are planned.

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